

CERTIFICATION OF DEBTOR
REGARDING MONTHLY REPORT

Debtor(s): Stephen S. Babbko Chapter 13 Case No.: 19-15281

I, Stephen S. Babbko, being of full age and duly sworn upon my oath depose(s) and say(s)

1. I am the business debtor(s) in the above-referenced matter.

2. I have completed and attached a Monthly Financial Report for the month of

September, 2019

3. All of the information in the Monthly Financial Report is complete, true and correct to the best of my knowledge, information and belief.

DATE: 10/17/19


Debtor

DATE: _____

Debtor

MONTHLY FINANCIAL REPORT OF BUSINESS OPERATIONS

Debtor Name: Steven S. Bebko
Case No: 19-15381

Business Name:

For the Month & Year (e.g. 1/98):

BUSINESS INCOME		
(1) Actual Income from Sales & Service		<u>22985</u>
(2) Other (Specify)		
(3) Other (Specify)		
(4) Total Actual Income Items 1 through 3		<u>22985</u>
ACTUAL BUSINESS EXPENSE PAID		
(5) Rent/Lease		<u>2200</u>
(6) Utilities (Electricity, Gas, Water & Sewer)		<u>354</u>
(7) Telephone <u>Blue Ridge</u>		<u>700</u>
(8) Insurance <u>HT COX AUTO</u>		<u>8</u>
(9) Wages for Employees		<u>8</u>
(10) Wages for Self/Owner(s)		<u>8</u>
(11) Taxes		<u>374</u>
(12) Gas and Fuel for Business Vehicles		<u>1519</u>
(13) Other (Specify) <u>C/S Enterprise</u>		<u>4550</u>
(14) Other (Specify) <u>TOOLS MATERIALS STOCK</u>		<u>2500</u>
(15) Other (Specify) <u>OFFICE SUPPLY ADVERT</u>		
(16) Total Actual Business Expenses Paid Out		<u>17263</u>
(sum of 5 through 16)		
(17) Net Business Income/Loss (Line 4-16)		<u>10722</u>
(18) Net Wages from Regular Employment/Debtors		<u>1538</u>
(19) Net Wages from Regular Employment/Spouse		<u>3850</u>
(20) Amount Carried Over from Last Month		<u>16135</u>
(21) Total Net Monthly Income (sum of 17 thru 20)		
PERSONAL		
(22) Rent/Mortgage		<u>1940</u>
(23) Utilities (gas, electric, water, sewer, fuel)		<u>565</u>
(24) Telephone <u>Cable Internet</u>		<u>600</u>
(25) Food		<u>800</u>
(26) Transportation (fuel, tolls, parking)		<u>195</u>
(27) Other (Specify) <u>life ins.</u>		<u>157</u>
(28) Other (Specify) <u>CAR</u>		<u>353</u>
(29) Other (Specify) <u>medical Description</u>		<u>520</u>
(30) Other (Specify) <u>Per exp. medicine</u>		<u>4500</u>
(31) Other (Specify)		
(32) Total Actual Personal Expenses Paid (22-31)		<u>9740</u>
NET INCOME (LOSS)		
(33) Gross Excess Income (line 21 - line 32)		<u>7395</u>
(34) MONTHLY CHAPTER 13 PLAN PAYMENT		<u>1475</u>
(35) Net Excess Income (line 33 - line 34)		<u>5920</u>
carry amount on line 35 to next month's report on line 20		